## **REPORT OF LOBBYING FIRM**

(Government Code Section 86114)

	REPORT COVERS	PERIOD FROM 10/	01/200	9 THROUGH	12/31/2009	
FORM 625	CUMULATIVE PER	RIOD BEGINNING		01/01/2009	)	
1990						FOR OFFICIAL USE ONLY
		TYPE OR PRINT IN	INK			A
	required to be provided to you pursu ying Disclosure Provisions of the Po		actices i	Act of 1977, see	I <u>nformation</u>	В
NAME OF LOB	BYING FIRM:					
	OFFICES OF FRED					
BUSINESS ADI	DRESS: (Number and Street)	(City)		(State)	(Zip Code)	TELEPHONE NUMBER:
MAILING ADDR	RESS: (If different than above)	AUBURN		CA	95603	
	(					
PART I - (Rea	d the instructions on the reverse bef	ore completing this secti	on. Ther	n, check one of th	ne boxes below and	complete Part I.)
	PARTNERS, OWNERS, OFFICERS THIS REPORT <u>OR</u>					
	PARTNERS, OWNERS, OFFICERS SEPARATE OCCASIONS DURING		O ENGA	GED IN DIRECT	COMMUNICATION	N ON AT LEAST FIVE
Owner FRED JONES						
FRED JOINES	<b>)</b>					
☐ If more spa	ace is needed, check box and attach conti	nuation sheets.				
	·	SUMMARY OF PA	VME	NTS THIS DE	RIOD	
				VIO IIIIO FL	KIOD	
	ND TOTAL PAYMENTS RECEIVED: Subtotals in Part II)	\$ 0.00	E.		ONTRIBUTIONS MA	
•		\$ 0.00		X None This	Part Part	IV Completed and Attached
	L ACTIVITY EXPENSES: Part III, Section A, 3)	\$ 0.00				
	L PAYMENTS TO OTHER	\$ 0.00	F.	IS THE FIRM A	A MEMBER OF A LO	DBBYING COALITION ?
LOBE	L PAYMENTS TO OTHER BYING FIRMS: Part III, Section B)	\$ 0.00	F.		_	
LOBE (From D. GRAN	BYING FIRMS:	\$ 0.00 \$ 0.00	F.	IS THE FIRM A	_	DBBYING COALITION ? (Complete and attach Form 630)
LOBE (From D. GRAN	BYING FIRMS: Part III, Section B) ND TOTAL PAYMENTS MADE:	\$ 0.00		X No	_	
LOBE (From D. GRAN (B+C	BYING FIRMS: Part III, Section B)  ND TOTAL PAYMENTS MADE: , above)	\$ 0.00	FICA	X No	Yes	(Complete and attach Form 630)
D. GRAN (B+C	BYING FIRMS: Part III, Section B) ND TOTAL PAYMENTS MADE:	\$ 0.00  VERIFE in preparing this Re	FICA	No  FION I have reviewe	Yes	(Complete and attach Form 630)
D. GRAN (B+C	BYING FIRMS: Part III, Section B)  ND TOTAL PAYMENTS MADE: , above)  e used all reasonable diligence	\$ 0.00  VERIFE in preparing this Renaite attached schedule.	FICATeport.	No  FION  have reviewed true and con	Yes  ed the Report and	(Complete and attach Form 630)
D. GRAN (B+C	BYING FIRMS: Part III, Section B)  ND TOTAL PAYMENTS MADE: , above)  e used all reasonable diligence mation contained herein and if the section of perjury units.	\$ 0.00  VERIFE in preparing this Renaite attached schedule.	FICATeport.	No  FION  have reviewed true and con	ed the Report and applete.	(Complete and attach Form 630)
D. GRAN (B+C)	BYING FIRMS: Part III, Section B)  ND TOTAL PAYMENTS MADE: , above)  e used all reasonable diligence mation contained herein and if the section of perjury units.	\$ 0.00  VERIF  in preparing this Ren the attached scheder the laws of the S	FICATeport.	No  FION  have reviewed true and con	ed the Report and applete.	(Complete and attach Form 630)  I to the best of my knowl- s true and correct.
LOBE (From D. GRAN (B+C)  I have edge the infor I certi  Executed on (D. 01/07/2010	BYING FIRMS: Part III, Section B)  ND TOTAL PAYMENTS MADE: , above)  e used all reasonable diligence mation contained herein and if the section of perjury units.	\$ 0.00  VERIFE in preparing this Ren the attached scheder the laws of the State At (City and State)	FICATeport.	No  FION  have reviewed true and con	ed the Report and applete.  It the foregoing is By (Signature of F	(Complete and attach Form 630)  I to the best of my knowl- s true and correct.

NAME OF LOBBYING FIRM: JONES: LAW OFFICES OF FRED

PART II - PAYM See Instructions or		CONNECTION WITH LOBBYING ACTIVITY (Amou	nts ma	y be rounded off to v	vhole dolla	ırs.
Employer's Name, Address and Telephone Number California Coalition Against Gambling Expansion						
Sacramento CA	95818					
Legislative or State Period. (See instruc State Legislature a luding SCA 12 (Pr						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date	
\$ 0.00	\$ 0.00	\$ 0.00	\$	0.00	\$	0.00
	Address and Telephone N s Education Advocacy	Number				
Moraga CA 9455						
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) State Legislature: CTE Reforms,including AB 554,SB 147,SB 381,SB 675,SB 234,SB x5 1,SB x5 4,AB 8,AB 35. Dept of Education: AB 2648 Implementation						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period		mulative al to Date
\$ 1500.00	\$ 0.00	\$ 0.00	\$	1500.00	\$	6000.00
	Address and Telephone Non Alcohol Problems					
Sacramento CA						
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) State Legislature: AB 888,AB 1019,SB 598,AB 390,AB 1282,AB 1060,SB 639,A Boa - rd of Equalization and ABC Dept: Classification of Flavored Malt Beverages (aka,'alc - opops')						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period		mulative al to Date
\$ 2400.00	\$ 0.00	\$ 0.00	\$	2400.00	\$	9600.00
If more space is n	eeded, check box and attach	continuation sheets SUBTOTAL	\$	9400.00		

PERIOD COVERED: 10/01/2009 12/31/2009

NAME OF LOBBYING FIRM: JONES; LAW OFFICES OF FRED

PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES							
SECTION A: ACTIVITY EXPENSES (See instructions on reverse.)							
	ACTIVITY EXPENSES ARRANGED, INCURRED, OR PAID BY THE LOBBYING FIRM (OTHER THAN THOSE PAID OR INCURRED BY A LOBBYIST)						
Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each  Description of Consideration			Total Amo		
				\$		\$	
	Reference No:						
If more	space is needed, check box and attach conf		(Include all su		OTAL SECTION A.1. ontinuation Sheets)	\$	0.00
	_ ACTIVITY EXPENSES PAID, INCUR	RED, OR ARRANGI	ED BY ALL LC	DBBYISTS EMF	PLOYED BY THE	*	
LOBBYING FIRM WHICH HAVE BEEN OR WILL BE REIMBURSED OR PAID BY THE FIRM.				\$	0.00		
3. TOTAL	3. TOTAL ACTIVITY EXPENSES (Section A, Parts 1 + 2) \$				0.00		

PERIOD COVERED: .	10/01/2009	12/31/2009	
NAME OF LOBBYING	FIRM:JONES; LA	W OFFICES OF FRED	

PART III - PAYMENTS MADE (Continued)					
SECTION B: PAYMENTS MADE TO OTHER LOBBYING FIRMS					
Name, Address and Telephone Number of Firm Contracted With	I Whom Subcontractor was		Cumulative Total to Date		
		\$	\$		
If more space is needed, check box and attach continuation sheets.	TOTAL PAYMENTS (Include all subtotals from continuation sheets)	\$ 0.0	0		
PART IV - CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)  A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any,					
below.  Name of Major Donor or Recipient Committee Which Has Filed A  Campaign Disclosure Statement:   Identification Number if Recipient Committee:					
B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.					
Date Name of	Recipient	.D. Number if Committee	Amount		
		\$			
If more space is needed, check box and attach continuation sheets.					
NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.					

PERIOD COVERED: 10/01/2009 12/31/2009

NAME OF LOBBYING FIRM: <u>JONES: LAW OFFICES OF FRED</u>

PART II - PAYM See Instructions or		CONNECTION WITH LOBBYING ACTIVITY (Amoun	nts may be rounded off to v	vhole dollars.	
Employer's Name, Address and Telephone Number California Council for the Social Studies					
Palmdale CA 935	590				
Period (See instruc	Agency Administrative Actions on reverse.) y/Social Studies legisla AB 314,SB 223,SB 520				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date	
\$ 1000.00	\$ 0.00	\$ 0.00	\$ 1000.00	\$ 4000.00	
	Address and Telephone Nature 1   Address and Telephone 1   Address and Telephon				
Auburn CA 95630	0				
Legislative or State Period. (See instruc State Legislature: osmetology bea	Agency Administrative Actions on reverse.) AB 48,SB 549 Adminis uty industry legislation,	tions "Actively" Lobbied During the tration and DCA: Board of Barbering and C - regulations and policies			
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date	
\$ 4500.00	\$ 0.00	\$ 0.00	\$ 4500.00	\$ 18000.00	
		PAGE SURTOTAL	\$ 5500.00		

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PAGE SUBTOTAL

5500.00